

Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

February 17, 2010

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Outback Steakhouse, 633 North 48<sup>th</sup> Street requesting a class I liquor license.

This request is due to a corporate structure change.

Robert Langley has requested that he be approved as the manager of the liquor license.

Background information on Mr. Langley will be omitted as he is a currently approved manager of liquor licenses for Outback Steakhouse.

The required training will be completed on April 8<sup>th</sup> 2010.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



**PREMISE INFORMATION****RECEIVED**

DEC 28 2009

Trade Name (doing business as) Outback SteakhouseStreet Address #1 633 North 48th Street

Street Address #2 \_\_\_\_\_

City LincolnCounty Lancaster**NEBRASKA LIQUOR  
CONTROL COMMISSION**Zip Code 68504Premise Telephone number 402-465-5050

Is this location inside the city/village corporate limits:



YES City of Lincoln



NO

Mail address (where you want receipt of mail from the commission)

Name OSI Restaurant Partners, LLC

Street Address

#1 2202 N. West Shore Blvd., 5th FL

Street Address

#2 Attn: Licenses and PermitsCity Tampa, FLCounty HillsboroughZip Code 33607**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

## APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov/

45 = 3/30/2010

86834

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SM  
NEBRASKA LIQUOR  
CONTROL COMMISSION

Lincoln location

## CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES

## CHECK DESIRED CLASS(S)

FILED

## RETAIL LICENSE(S)

<input type="checkbox"/>	A	BEER, ON SALE ONLY	FEF	\$45.00
<input type="checkbox"/>	B	BEER, OFF SALE ONLY		\$45.00
<input checked="" type="checkbox"/>	C	BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE		\$45.00
<input type="checkbox"/>	D	BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	CITY CLERK'S OFFICE	\$45.00
<input checked="" type="checkbox"/>	I	BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	LINCOLN, NEBRASKA	\$45.00

Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00

## MISCELLANEOUS

<input type="checkbox"/>	L	Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum bond
<input type="checkbox"/>	O	Boat	\$ 95.00	
<input type="checkbox"/>	V	Manufacturer	\$ 45.00(+license fee)	\$10,000 minimum bond
<input type="checkbox"/>	W	Wholesale Beer	\$545.00	\$5,000 minimum bond
<input type="checkbox"/>	X	Wholesale Liquor	\$795.00	\$5,000 minimum bond
<input type="checkbox"/>	Y	Farm Winery	\$295.00	\$1,000 minimum bond
<input type="checkbox"/>	Z	Micro Distillery	\$295.00	\$1,000 minimum bond

All Class C licenses expire October 31<sup>st</sup>

All other licenses expire April 30<sup>th</sup>

Catering expire same as underlying retail license

## TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License (requires insert form 1)  
☐ Partnership License (requires insert form 2)  
☐ Corporate License (requires insert form 3a & 3c)  
☒ Limited Liability Company (requires form 3b & 3c)

## NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Diane E. Danbury

Phone number: 813-282-1225 ext 1177

Firm Name OSI Restaurant Partners, LLC

K 487252  
\$45.00-MM



1000000319

## APPLICANT INFORMATION

### 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

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CONTROL COMMISSION

### 2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO Liquidation from Limited Partnership to A wholly owned subsidiary of the Sole General Partner - Current License # 34156

If yes, give name of business and license number \_\_\_\_\_

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

### 3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

**This agreement is not effective until you receive your three (3) digit ID number from the Commission.**

### 4. Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender \_\_\_\_\_

### 5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☒ YES ☐ NO

If yes, explain. All involved persons must be disclosed on application. see attached Organizational Chart

Controlling corp - OK

### 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner. \_\_\_\_\_

### 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☒ YES ☐ NO

If yes, explain. See attached Organizational Chart

No silent partners

Controlling Corp - OK

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Bank of America/Tampa, FL - DIRK MONTGOMERY

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

See attached list

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations. Chris E. Liston 55+ hours per week

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic beverages. 5 yrs w/ Out back RHC training

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date August 31, 2016 with Tenant right to terminate August 31, 2011

☐ Deed

☐ Purchase Agreement

15. When do you intend to open for business? Continuing Operation

16. What will be the main nature of business? Full Service Restaurant

17. What are the anticipated hours of operation? M thru TH: 4PM-10PM; F & S: 4PM-11PM; Sun: 12PM-9PM

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
see attached					

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

✓  
  
\_\_\_\_\_  
**Signature of Applicant**  
Joseph John Kadow, Executive VP of CSI Restaurant Partners, LLC  
Sole Member of Outback Steakhouse of Florida LLC

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Signature of Applicant**

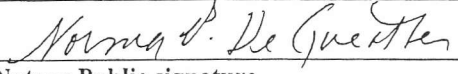
\_\_\_\_\_  
**Signature of Applicant**

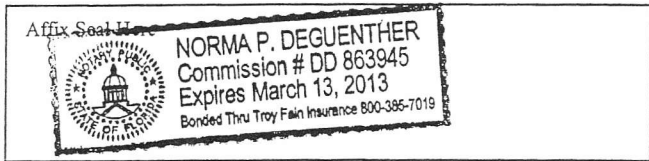
Florida  
State of ~~Nebraska~~

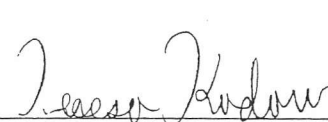
County of Hillsborough

The foregoing instrument was acknowledged before  
me this 11/03/09 by

Joseph John Kadow

  
\_\_\_\_\_  
**Notary Public signature**



✓  
  
\_\_\_\_\_  
**Signature of Spouse**  
Teresa Ann Coulter Kadow

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

\_\_\_\_\_  
**Signature of Spouse**

\_\_\_\_\_  
**Signature of Spouse**

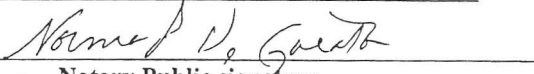
\_\_\_\_\_  
**Signature of Spouse**

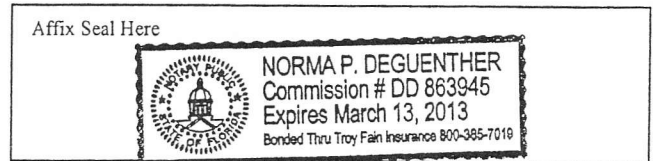
\_\_\_\_\_  
**Signature of Spouse**

County of Hillsborough

The foregoing instrument was acknowledged before  
me this 11/03/09 by

Teresa Ann Coulter Kadow

  
\_\_\_\_\_  
**Notary Public signature**



**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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CONTROL COMMISSION

**Corporate manager, including spouse, are required to adhere to the following requirements**  
**If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required**

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 – 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Voter reg

**Corporation/Limited Liability Corporation (LLC) information**

Name of Corporation/LLC: Outback Steakhouse of Florida, LLC OSF NEBRASKA, INC.

## Premise information

Premise License Number:

(if new application leave blank)

Premise Trade Name/DBA:

## Outback Steakhouse

Premise Street Address:

633 North 48th Street

City:

Lincoln

**Zip Code:**

68504

Premise Phone Number:

402-465-5050

**The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.**

CONTACT MEMBER **CORPORATE OFFICER SIGNATURE**  
(Faxed signatures are acceptable)

Robert S. Langley

See attached

Manager's information must be completed below PLEASE PRINT CLEARLY

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Gender: ☒ MALE ☐ FEMALE

Last Name: Langley

First Name: Robert

NEBRASKA LIQUOR  
CONTROL COMMISSION

Home Address (include PO Box if applicable): 7763 County Road P35

City: Blair

State: NE

Zip Code: 68008

Home Phone Number: 402-426-2223

Business Phone Number: 402-203-2626

Social Security Number:

Drivers License Number & State:

Date Of Birth:

Place Of Birth: Jacksonville, FL

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

Spouse's information

Spouses Last Name: Langley

First Name: Lisa

MI: C

Social Security Number:

Drivers License Number & State:

Date Of Birth:

Place Of Birth: Jacksonville, FL

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	TO	CITY & STATE	YEAR FROM	TO
see attached list					

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1988	Present	Outback (OSI Rest Partners, OSF, Connerty Franchise)	Blaise Hadley	469-569-6506
1979	1988	Langley Nissan	Jim Langley	904-610-7191

Manager and spouse must review and answer the questions below  
PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or pled guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☐ YES

☒ NO

If yes, please explain below or attach a separate page.


2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☐ YES

☒ NO

Fingerprints taken in January 2008, at the Highway Patrol Station on 108th St, West Omaha.

*prints submitted*

5. Do you have any experience in selling alcohol in the State of Nebraska? Yes  
If so list training and/or experience (when and where)

Date:	Where:
2006 - Present	Outback Steakhouse

**PERSONAL OATH AND CONSENT OF INVESTIGATION**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Signature of Manager Applicant  
Robert S. Langley

Signature of Spouse

State of Nebraska

County of DOUGLAS

County of DOUGLAS

The foregoing instrument was acknowledged before me this 11/6/2009 by

The foregoing instrument was acknowledged before me this 11/6/09 by

Notary Public signature

Notary Public signature

Affix Seal Here

DEREK PARKS  
General Notary  
State of Nebraska  
My Commission Expires Dec 11, 2012

Affix Seal Here

DEREK PARKS  
General Notary  
State of Nebraska  
My Commission Expires Dec 11, 2012

In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

List of Residences for the Past 10 Years

Robert Langley: 2007-Present: Blair, NE  
1996-2007: Jefferson, GA

Lisa Langley: 2007-Present: Blair, NE  
1996-2007: Jefferson, GA

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NEBRASKA LIQUOR  
CONTROL COMMISSION

OK

**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

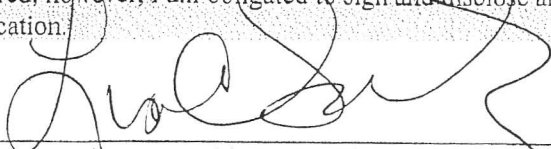
Office Use

Print Form  
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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

  
\_\_\_\_\_  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

Lisa C. Langley  
\_\_\_\_\_  
Printed name of spouse asking for waiver

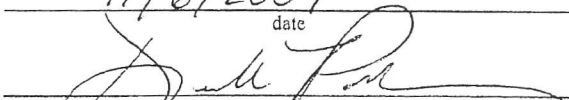
State of NEBRASKA

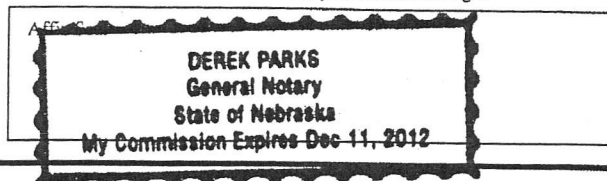
County of DOUGLAS

The foregoing instrument was acknowledged before me this


11/6/2009  
\_\_\_\_\_  
date

by LISA C. LANGLEY  
\_\_\_\_\_  
name of person acknowledged

  
\_\_\_\_\_  
Notary Public signature



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

  
\_\_\_\_\_  
Signature of individual involved with application  
(Spouse of individual listed above)

Robert S. Langley  
\_\_\_\_\_  
Printed name of applying individual

State of NEBRASKA

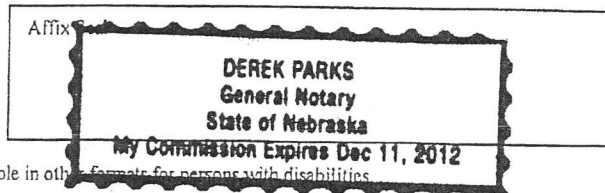
County of DOUGLAS

The foregoing instrument was acknowledged before me this

11/6/09  
\_\_\_\_\_  
date

by ROBERT S. LANGLEY  
\_\_\_\_\_  
name of person acknowledged

  
\_\_\_\_\_  
Notary Public signature



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

45 day = 4/30/2010  
APPLICATION FOR LIQUOR LICENSE  
CORPORATION  
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

FILED

FEB 12 2010

CITY CLERK'S OFFICE  
LINCOLN, NEBRASKA

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: CT Corporation

Name of Corporation that will hold license as listed on the Articles

OSF Nebraska, Inc

Corporation Address: 2202 N. West Shore Blvd., 5th Floor

City: Tampa State: FL Zip Code: 33607

Corporation Phone Number: 813-282-1225 Fax Number 813-281-2114

Total Number of Corporation Shares Issued: \_\_\_\_\_

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: Kadow First Name: Joseph MI: J

Home Address: 859 South Newport Ave., City: Tampa

State: FL Zip Code: 33606 Home Phone Number: 813-765-2220

Signature of president

Florida  
State of Nebraska  
County of Hillsborough

The foregoing instrument was acknowledged before me this

12/22/09

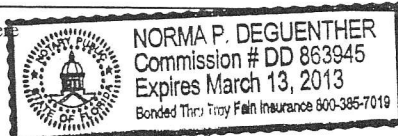
date

by Joseph J. Kadow

name of person acknowledged

Norma P. DeGuenther  
Notary Public signature

Affix Seal Here



List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Kadow First Name: Joseph MI: J.

Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: President Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Teresa Ann Coulter Kadow

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Signed  
prints*

*Signed  
spousal*

Last Name: Montgomery First Name: Dirk MI: A.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Caprice Donnelly Montgomery

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Signed*

*Signed  
spousal*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is the applying Corporation controlled by another Corporation?

☒ YES

☐ NO

Articles ✓

If yes, provide the name of corporation and supply an organizational chart ✓

Outback Steakhouse of Florida, LLC

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: January 1st Ending Date: December 31st

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

# **SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

*Teresa Kadow*

Signature of spouse asking for waiver  
(Spouse of individual listed below)

Teresa Ann Coulter Kadow

Printed name of spouse asking for waiver

State of Florida

County of Hillsborough

The foregoing instrument was acknowledged before me this

11/3/09  
date

by Teresa Ann Coulter Kadow

name of person acknowledged

*Norma P. DeGuenther*  
Notary Public signature



*OK*

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

*Joseph J. Kadow*

Signature of individual involved with application  
(Spouse of individual listed above)

Joseph J. Kadow

Printed name of applying individual

State of Florida

County of Hillsborough

The foregoing instrument was acknowledged before me this

11/03/09  
date

by Joseph J. Kadow

name of person acknowledged

*Norma P. DeGuenther*  
Notary Public signature



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

# SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Signature of spouse asking for waiver  
(Spouse of individual listed below)

Caprice Donnelly Montgomery

Printed name of spouse asking for waiver

State of Florida

County of Hillsborough

The foregoing instrument was acknowledged before me this

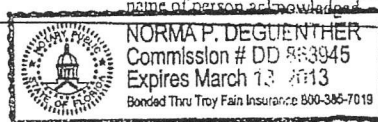
by Caprice Donnelly Montgomery

1/26/10  
date

Notary Public signature

*personally known to me*

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Signature of individual involved with application  
(Spouse of individual listed above)

Dirk A. Montgomery

Printed name of applying individual

State of Florida

County of Hillsborough

The foregoing instrument was acknowledged before me this

by

Joseph J. Kadow

Dirk A. Montgomery

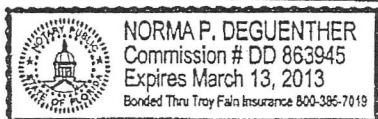
name of person acknowledged

1/26 1 102 10  
date

Notary Public signature

*personally known to me*

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

RECEIVED

DEC 28 2009

APPLICATION FOR CERTIFICATE OF AUTHORITY  
TO TRANSACT BUSINESS

John A. Gale, Secretary of State  
Room 1301 State Capitol, P.O. Box 94608  
Lincoln, NE 68509  
<http://www.sos.state.ne.us>



Submit in Duplicate

Attach a certificate of good standing duly authenticated by the official having custody of the corporate records in the state or country under whose law the corporation is incorporated. Such certificate shall not be more than 60 days old. A certified copy of the articles of incorporation should not be submitted and is not acceptable in lieu of such certificate.

Name of Corporation OSF NEBRASKA, INC.

Fictitious Name of Corporation \_\_\_\_\_  
(to be used only if actual corporate name is unavailable for use or does not comply with Nebraska law)

Incorporated under the laws of Florida

Date Incorporation November 12, 2009  
Year

Period of Duration Perpetual

Address of Principal Office 2202 N West Shore Blvd., 5th Floor, Tampa, FL 33607  
Street Address City State Zip

Registered Agent C T Corporation System

Registered Office 1024 K Street, Lincoln NE 68508  
Street Address and Post Office Box (if any) City State Zip

DATED 11/20/09

Joseph J. Kadow, Secretary  
Signature  
Printed Name/Title

NOTE: The Business Corporation Act requires that every filing be signed by the chairperson of the board of directors, the president, or one of the officers of the corporation. If the corporation has not yet been formed or directors have not yet been selected, the filing shall be signed by an incorporator. If the corporation is in the hands of a receiver, trustee, or other court appointed fiduciary, the filing shall be signed by that fiduciary.

NOTE: To complete this form, you must list officers and directors on back

FILING FEE: \$145.00 (if you have more than one page listing officers and directors please add \$5.00 a page for each additional page)

**OFFICERS:**

Joseph J. Kadow, Secretary

Name/Title

2202 N West Shore Blvd., 5th Floor, Tampa, FL 33607

Street Address

Dirk A. Montgomery, CFO

Name/Title

2202 N West Shore Blvd., 5th Floor, Tampa, FL 33607

Street Address

Name/Title

Street Address

Name/Title

Street Address

Name/Title

Street Address

Name/Title

Street Address

Name/Title

Street Address

Name/Title

Street Address

Name/Title

Street Address

**DIRECTORS:**

Joseph J. Kadow

Name

2202 N West Shore Blvd., 5th Floor, Tampa, FL 33607

Street Address

Dirk A. Montgomery

Name

2202 N West Shore Blvd., 5th Floor, Tampa, FL 33607

Street Address

Name

Street Address

Name

Street Address

Name

Street Address

Name

Street Address

Name

Street Address

Name

Street Address

Name

Street Address

**RECEIVED**

DEC 28 2009

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

Please Copy this page and submit additional pages if needed.

